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530 7590 04/04/2007

LERNER, DAVID, LITTENBERG,
 KRUMHOLZ & MENTLIK
 600 SOUTH AVENUE WEST
 WESTFIELD, NJ 07090



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(Depositor's name)
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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/646,299	08/22/2003	Carl Ekholm	06/20/2007	TRAUMA 3.0-4320101 1210959201 0646299
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TITLE OF INVENTION: HUMERAL NAIL

01 FC:1501	1400.00 DA
02 FC:1504	300.00 DA
03 FC:8001	42.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	07/05/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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WILLSE, DAVID H	3738	606-062000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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1 LERNER, DAVID, LITTENBERG,

2 KRUMHOLZ & MENTLIK, LLP

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Stryker Trauma GmbH

Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date June 20, 2007

Typed or printed name _____

Arnold H. Krumholz

Registration No. 25,428

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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ISSUE FEE TRANSMITTAL AND
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ATTORNEY DOCKET NO.: TRAUMA 3.0-435

APPLICATION NO.: 10/646,299

CONFIRMATION NO.: 9201

MAILING DATE OF NOTICE OF ALLOWANCE: April 4, 2007

FAX NUMBER: (571) 273-2885

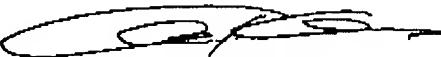
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